ASSIGNED BY: GQ REF: CC3/AIG22002970/Gvc

ASSIGNMENT

From: Date:

Estimated Cost:

[OD] / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s PREMIUM AUTO

of

Insured:

Policy No. 1800139423-03

Claims No. 7890286970SG

Sum Insured: Excess: 1000

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

[N/S]	O/S

Bal. or Market Value: $170k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / **[REV]** / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMF7309D Yr Regn: 22 Nov 2018

Type **[M.Car]** M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: AUDI Q5 SPORT 2.0 c.c 1984

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 24496 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZFY8J2238194 *

Gen. Cond **[Good]** / Fair / Poor / Burnt

Steering: **[inorder]** / Jammed / Leaked / Burnt or

Brake: **[inorder]** / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / **[STD A/R]**im or

Tyre Size: F: 235/55R19

R: //

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or CONTINENTAL

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 15/3/2022 D.O.I. 30-03-2022

Survey held at W/S 10:50

Des. of Damages : Frt / Rear / O/S / **[N/S]** / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Yes/**[No]** BI Involved
10/5/22	Final fig $12,383.60 confirmed by email (Red 14,885.40, 54%)

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2) 23/8/22-typist

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Report Format: Merimen

Lump Sum / LED: $12,383.60

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Other:	
TOTAL	